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APPLICANTS

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cm

** CONTINUING DATA *****
 This application is a DIV of 10/057,892 01/29/2002 PAT 6,716,248
cm

** FOREIGN APPLICATIONS *****
cm none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/16/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS <i>18</i>	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>Christopher</i> Initials <i>cm</i>				

ADDRESS

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TITLE

Configurable prosthetic joint

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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